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CONFIRMATION NO. 9723

<b>SERIAL NUMBER</b> 10/702,453	<b>FILING OR 371(c) DATE</b> 11/07/2003 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1615	<b>ATTORNEY DOCKET NO.</b> 060915-0031
<b>APPLICANTS</b> Howard Murad, Marina del Rey, CA;				
<b>** CONTINUING DATA *****</b> This application is a DIV of 09/953,431 09/17/2001 PAT 6,673,374 and is a CIP of 09/878,231 06/12/2001 PAT 6,383,523 which is a CON of 09/549,202 04/13/2000 PAT 6,296,880 which is a CIP of 09/330,127 06/11/1999 PAT 6,071,541 which claims benefit of 60/094,775 07/31/1998				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> <b>** 02/05/2004</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <u>Examiner's Signature</u> <u>Initials</u>		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 23
		<b>INDEPENDENT CLAIMS</b> 2		
<b>ADDRESS</b> 009629				
<b>TITLE</b> Pharmaceutical compositions and methods for managing skin conditions				
<b>FILING FEE RECEIVED</b> 412	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	